19525 WEST NORTH AVENUE			
BROOKFI ELD 53045 Phone: (262) 785-1114		Ownershi p:	Non-Profit Church Related
Operated from 1/1 To 12/31 Days of Operation:	366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	120	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	120	Average Daily Census:	106
Number of Residents on 12/31/00:	115	g v	

**************************************	****	**************************************	******* osis of	**************************************	******** 1/00)	**************************************	********** 00) %
Home Health Care	No	Primary Diagnosis	%	Age Groups		Less Than 1 Year	57. 4
Supp. Home Care-Personal Care Supp. Home Care-Household Services	No No	Developmental Disabilities	0.0	Under 65 65 - 74	1. 7 15. 7	1 - 4 Years More Than 4 Years	32. 2 10. 4
Day Services Respite Care Adult Day Care	No No No	Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse	11. 3 1. 7 0. 0	65 - 74 75 - 84 85 - 94	33. 0 40. 0	******************	100.0
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemi pl egi c	0. 0 0. 0 7. 0	95 & 0ver	9. 6	Full-Time Equival Nursing Staff per 100	ent Rosi donts
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	9. 6 14. 8	65 & 0ver	100. 0 98. 3	(12/31/00)	mesi delles
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	7. 8 0. 0	Sex		RNs LPNs	15. 9 8. 0
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	3. 5 44. 3	Male	57. 4	Nursing Assistants Aides & Orderlies	29. 6
Mentally Ill Provide Day Programming for	No		100. 0	Female	42. 6		
Devel opmentally Disabled ************************************	No ****	************************************	*****	**********	100.0	************************************	*****

Method of Reimbursement

		Medi (Ti tl	e 18)		Medio (Title	19)		0th			ri vate			Manage	ed Care	m . 1	Percent
	••		Per Die			Per Di e			Per Die			Per Dien			Per_Di em		Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No	o. %	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	19	100.0	\$276.81	3	8. 3	\$130. 47	0	0. 0	\$0. 00	0	0. 0	\$0. 00	7	100.0	\$242.00	29	25. 2%
Skilled Care	0	0.0	\$0. 00	32	88. 9	\$111.61	6	100. 0	\$188. 50	47	100. 0	\$188.50	0	0.0	\$0.00	85	73. 9%
Intermedi ate				1	2.8	\$92. 75	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	1	0. 9%
Limited Care				0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	nt 0	0.0	\$0.00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		36	100. 0		6	100. 0		47	100.0		7	100.0		115	100.0%

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Condi ti	ons, Services	, and Activities as o	f 12/31	1/00
beachs builting kepoteting ferrou]		%	Needi ng			Total
Percent Admissions from:		Activities of	%		istance of	% Totally	Nı	umber of
Private Home/No Home Health	5.0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Re	esi dents
Private Home/With Home Health	0. 0	Bathi ng	1. 7		71. 3	27. 0		115
Other Nursing Homes	0.8	Dressi ng	13. 0		59 . 1	27. 8		115
Acute Care Hospitals	94. 1	Transferring	13. 0		67. 8	19. 1		115
Psych. HospMR/DD Facilities	0.0	Toilet Use	13. 9		64. 3	21. 7		115
Rehabilitation Hospitals	0. 2	Eati ng	66. 1		22. 6	11. 3		115
Other Locations	0.0	**************	******	*****	******	*******	*****	******
Total Number of Admissions	640	Continence	1 0 .1 .	%	Special Trea			~ %
Percent Discharges To:		Indwelling Or Externa		14. 8		Respiratory Care		7. 8
Private Home/No Home Health	28. 0	Occ/Freq. Incontinent		40. 0		Tracheostomy Care		0. 0
Private Home/With Home Health	35. 7	Occ/Freq. Incontinent	t of Bowel	40 . 0		Suctioning		0. 9
Other Nursing Homes	3. 7					Ostomy Care		3. 5
Acute Care Hospitals	11.4	Mobility	_			Tube Feeding		5. 2
Psych. HospMR/DD Facilities	0.0	Physically Restrained	d	0. 9	Recei vi ng	Mechanicallÿ Altered I	Diets	32. 2
Rehabilitation Hospitals	0. 0							
Other Locations	5. 3	Ski n Care				nt Characteristics		
Deaths	15. 9	With Pressure Sores		13. 0		ce Directives		78 . 3
Total Number of Discharges		With Rashes		3. 5	Medi cati ons			
(Including Deaths)	624	 			Recei vi ng	Psychoactive Drugs		65. 2

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	Thi s	Other Hospital-	Al l			
	Facility	Based Facilities	Faci	lties		
	%	% Ratio	%	R ati o		
Occupancy Rate: Average Daily Census/Licensed Beds	88. 3	87. 5 1. 01	84. 5	1.05		
Current Residents from In-County	66. 1	83. 6 0. 79	77. 5	0. 85		
Admissions from In-County, Still Residing	6. 7	14. 5 0. 46	21. 5	0. 31		
Admissions/Average Daily Census	603. 8	194. 5 3. 10	124. 3	4. 86		
Di scharges/Average Daily Census	588 . 7	199. 6 2. 95	126. 1	4. 67		
Discharges To Private Residence/Average Daily Census	375. 5	102. 6 3. 66	49. 9	7. 53		
Residents Receiving Skilled Care	99. 1	91. 2 1. 09	83. 3	1. 19		
Residents Aged 65 and Older	98. 3	91. 8 1. 07	87. 7	1. 12		
Title 19 (Medicaid) Funded Residents	31. 3	66. 7 0. 47	69. 0	0.45		
Private Pay Funded Residents	40. 9	23. 3 1. 75	22. 6	1.81		
Developmentally Disabled Residents	0. 0	1.4 0.00	7. 6	0.00		
Mentally Ill Residents	13. 0	30. 6 0. 43	33. 3	0. 39		
General Medical Service Residents	44. 3	19. 2 2. 31	18. 4	2.41		
Impaired ADL (Mean)*	49. 9	51. 6 0. 97	49. 4	1.01		
Psychological Problems	65 . 2	52. 8 1. 24	50. 1	1.30		
Nursing Care Required (Mean)*	8. 3	7. 8 1. 06	7. 2	1. 16		